

Tippecanoe County Sheriff Volunteer Application



PERSONAL DATA

Name:			
Last	First	Middle	
Address:			
Number	Street	City	
State	Zip Code	How I	Long?
Home Phone:	Work Phone:	ExtFax	:
Cell Phone:	Email Address:		
Date of Birth:	Place of Birth:		
Social Security Number:	Driver's License Number:		
Please list any other names you	ı have used:		
Please list any languages, other	r than English, which you speak or write fl	uently:	
Previous addresses for the past	three years:		
Street	City	State	How Long
Street	City	State	How Long
Street	City	State	How Long
EDUCATION			
	1 2 3 4	5	
High School	Grade Complete	ed Year	
	1 2 3 4		
College	Grade Comp	leted Year	
Degree(s) Earned	Maior(s)	Minor(s)	

List any certifications:			
MILITARY SERVICE			
Branch	Dates of Service		
EMPLOYMENT HISTORY			
Present Employer:			
Address:	a: 1a		
Street	City/State		Zip Code
Supervisor's Name:		Telephone #:	
Job Duties:		Employment Date:	
Past Employment: List your employ	ment for the past 5 years.		
Company	· · · · · · · · · · · · · · · · · · ·		
Address:			
Street	City/State		Zip Code
Supervisor's Name:		Telephone #:	
Job Duties:		Employment Date:	
Company			
Address:			
Street	City/State		Zip Code
Supervisor's Name:		Telephone #:	
Job Duties:		Employment Date:	
Company			·
Address:			
Street	City/State		Zip Code
Supervisor's Name:		Telephone #:	
Job Duties:(Attach additional sheets if necessary))	Employment Date:	

Iave you ever been fired / terminated / a	asked to resign a position? Explain	
Attach additional sheets if necessary)		
Iave you ever applied for a position in l	aw enforcement?	
lease list any misdemeanor or felony, a	rrests or convictions:	
OCAL CHARACTER REFERENC	<u>ES</u>	
(1) Name	Telephone #	
Address		
Street	City/Town	Zip Code
(2) Name	Telephone #	
Address		
Street	City/Town	Zip Code
(3) Name	Telephone #	
Address		
Street	City/Town	Zip Code
(4) Name	Telephone #	
Address		
Street	City/Town	Zip Code
What days/hours would you be available	?	
	terests or hobbies that may be useful to the Tipp	pecanoe County Sheriff's
Department:		

List any medical condition	ns that you have that could impact your	assignments with the department.
Person to be notified in ca	se of emergency:	
Home Phone:	Work Phone:	Relationship:
Where did you learn of th	e Volunteer Program?	
Why do you wish to volu	nteer with the Tippecanoe County Sheri	ff Department?
contained in this applicat		rue and I authorize investigation of all matters nents or misrepresentations, either verbal or written,
I understand that the Tipp selected to the program.	ecanoe County Sheriff's Department w	ill not have to disclose the reason, if any, for not being
		y Sheriff Department, I understand I may be privy to at confidentiality whenever presented with it
Signature:		Date:
Please return application to	o the attention of the Volunteer Coordi	nator
Tippecanoe County Sheri 2640 Duncan Road Lafayette, IN 47904	ff's Office	

7/2008